



MARICOPA COUNTY
WRITE IN CANDIDATE

NOMINATION PAPER
AFFIDAVIT OF QUALIFICATION
CAMPAIGN FINANCE LAWS STATEMENT
[A.R.S. §§ 16-311, 16-312, 16-905(K)(5)]

VOTER ID # _____

Place Date Stamp Here

You are hereby notified that I, the undersigned, a qualified elector, am a candidate for the office of

(here name the office sought and the political division or district)

subject to the action of the _____ **Party**, at the **Primary Election** to be held on **SEPTEMBER 7, 2004**, and at the **General Election** to be held on **NOVEMBER 2, 2004**, should I be nominated.

I will have been a citizen of the United States for _____ years next preceding my election and will have been a citizen of Arizona for _____ years next preceding my election and will meet the age requirement for the office I seek and have resided in **MARICOPA** County for _____ years and in _____ voting precinct for _____ years before my election.

I do solemnly swear (or affirm) that at the time of filing, I am a resident of the county, district or precinct which I propose to represent, and as to all other qualifications, I will be qualified at the time of election to hold the office that I seek, having fulfilled the constitutional and statutory requirements for holding said office.

Actual residence address or description of place of residence (city or town) (zip)

Mailing Address (city or town) (zip)
(if different from above)

Print or type your name below in the exact manner you wish it to appear on Notice of Official Write-In Candidates.

LAST NAME

FIRST NAME

MIDDLE INITIAL (if any)

X

CANDIDATE SIGNATURE

Subscribed AND SWORN to (or affirmed) before me this _____ day of _____, 20____.

Notary Public

(Seal)

I have read all applicable laws relating to campaign financing and reporting.

X

CANDIDATE SIGNATURE